MEDICAL RESCUE ASSOCIATION
AND HERA DIGITAL HEALTH FOUNDATION

SEXUAL AND REPRODUCTIVE HEALTH
IN EARTHQUAKE AFFECTED PROVINCES

ASSESSMENT REPORT

2

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MEDICAL RESCUE ASSOCIATION
AND HERA DIGITAL HEALTH FOUNDATION

Sexual And Reproductive Health
In Earthquake Affected Provinces

ASSESSMENT REPORT 2

AUTHORS

Derya Uysal
Nurdan Terzioğlu

FIELD TEAM

Derya Uysal
Melike Giray
Yasenya Kara

CONTRIBUTORS

Dr.Aral Sürmeli
Doç.Dr. Yeşim Yasin
Bahar Aldanmaz

TECHNOLOGY AND MEDIA MANAGEMENT

İhsan Gömleksiz

DESIGN

AYS GRAFİK
Ayşen Hızır

TRANSLATION TO ENGLISH

İlke Öztürk

TRANSLATION TO FRENCH

Melike Giray

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Scan the QR code to review our website.

Medikal Arama Kurtarma Derneği (MEDAK)
Veznedar Sk. No:18, Harbiye
06460 Çankaya
Ankara
Türkiye

info@medak.org.tr medakorgtr

www.heradigitalhealth.org

Scan the QR code to review our website.

Hera Inc.
45 Prospect St
Cambridge, MA 02139
United States

info@heradigitalhealth.org HeraDigitalHealth

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1.BACKGROUND

On the 6th of February 2023, two earthquakes measuring 7.8 and 7.5 in magnitude, followed by another earthquake with a magnitude of 6.4 on the 20th of February 2023, significantly impacted the provinces of **Hatay, Adıyaman, Kahramanmaraş, Osmaniye, Gaziantep, Kilis, Malatya, Şanlıurfa, Diyarbakır, Elazığ, and Adana in Turkey. These provinces are home to approximately 14 million people, including 1.8 million Syrian refugees.**

*February 9, MEDAK Rescue Team

These earthquakes, affecting 11 provinces, have caused immense destruction in Hatay, Kahramanmaraş, Malatya, Adıyaman, and Gaziantep. According to the latest official statement, the death toll is 50,783, including 7,302 refugees. Approximately 107,000 people were injured. According to UNOCHA's March report for Turkey, 9.1 million people have been affected by the earthquakes, with 3 million people displaced. A total of 307,000 buildings have been damaged and rendered unusable. Millions of people have suffered economic losses, losing their means of livelihood. In the cities affected by the earthquakes, healthcare, communication, and energy infrastructure have been partially damaged, and in some cities, they are entirely non-operational. The earthquake has led to temporary disruptions in the provision of healthcare services by public and private institutions in some provinces and districts, causing a backlog in healthcare services in nearby areas.

Medical Rescue Association (MEDAK) initiated fieldwork in the region immediately after the earthquake on February 6th. Based on their field studies, MEDAK has published the "Sexual and Reproductive Health Assessment Report in Earthquake Affected Provinces" Three Months after the Earthquake and shared the current situation with the public.[1]

After the third month following the earthquake, MEDAK focused its efforts on the most affected provinces and districts, continuing its work intensively. They conducted a series of informational activities on Sexual and Reproductive Health (SRH) and, in addition to these activities, monitored the services provided in the area by engaging with healthcare professionals. They held discussions with local healthcare workers to assess the status of services related to Sexual and Reproductive Health.

According to the latest official announcement,

the number of fatalities is **50,783**, including **7,302** refugees.

According to the UNOCHA's March report for Turkey, 9.1 million people have been affected by the and 3 million people have been displaced.

[1]The report can be accessed at the following address:
SRH Assessment Report in Eathquake Affected Provinces February-March 2023 : https://heradigitalhealth.org/wp-content/uploads/2023/04/MEDAK-SRH-Assesment-Report-EQ-Zone-FEB-MARCH-2023.pdf

2.Current Situation Assessment Study

2.1. Objective

This report aims to assess the access to health services, particularly in terms of Sexual and Reproductive Health (SRH), during the period following the first two months of the earthquake that occurred on February 6. This report serves as a continuation of the "Sexual and Reproductive Health Assessment Report in Earthquake Affected Provinces,"[2] published by MEDAK in April 2023.

It encompasses the current situation and needs in the affected regions, considering the efforts made and the outcomes achieved. Understanding how the effects of the earthquake have been addressed and the measures taken by relevant institutions is paramount in strengthening strategies to cope with similar disasters in the future.

2.2. Method

The field team of the Medical Rescue Association (MEDAK) intensified its fieldwork, which began on February 17 in all cities affected by the earthquake, focusing on three provinces and the districts most heavily damaged from April to September.

Family Health Centers (FHC), Migration Health Centers, and Community Health Centers were visited in a total of three provinces, including the districts of Antakya, Defne, Arsuz, İskenderun, Kırıkhan, and Samandağ in the province of Hatay; Pazarcık and Türkoğlu in the province of Kahramanmaraş; as well as Nurdağı and İslâhiye in the province of Gaziantep. Additionally, meetings were conducted with non-governmental organizations providing services in the region.

DISTRICTS WHERE MEDAK FIELD TEAM CONDUCTS WORK

- SAMANDAĞ
- İSKENDERUN
- DEFNE
- ANTAKYA
- ARSUZ
- KIRIKHAN
- NURDAĞI
- İSLAHİYE
- TÜRKOĞLU
- PAZARCIK

Graph 1: Mapping of Observation Interviews Conducted by MEDAK Field Team

[2] https://heradigitalhealth.org/wp-content/uploads/2023/04/MEDAK-SRH-Assesment-Report-EQ-Zone-FEB-MARCH-2023.pdf

3. Findings

Most tent cities established to address the housing needs of the population affected by the earthquake have been evacuated in provinces other than Hatay, transitioning into container camps by the sixth month after the earthquake. In Hatay, although reduced in number, tent camps continue to exist. Additionally, it has been observed that individuals are attempting to sustain their lives in tents set up in the yards of their scattered homes.

After the earthquake, it has been stated by official authorities that a portion of the population who migrated to other cities has returned. According to the report published by UNOCHA Türkiye in August 2023, it was highlighted that some households that had left the affected areas after the earthquake have returned. In this context, the following data was provided: "In Hatay, it was reported that half a million people had left the region after the earthquake, and as of June 2023, 159,087 returns were recorded (28% of those who had left). In Malatya, out of the pre-earthquake population of 804,896, an estimated 300,000 had left. As of June, 109,225 returns were recorded (approximately 42%).[3]

Demolition and debris removal activities are ongoing in all cities affected by the earthquake. The demolition of buildings assessed as heavily damaged and scheduled for demolition has commenced. During the demolition process, concerns related to public health have arisen, such as the release of asbestos and air pollution, leading to significant public discussions. The use of sprinkler systems not being consistently employed during demolition and debris removal, some neglect of practices like on-site sorting, and inadequate measures regarding the use of dust masks have heightened the potential for short-term, medium-term, and long-term serious health risks.

Photograph: Hatay - August 23,

Photograph: MEDAK Field Team, Hatay - August 2023

Hatay

In Hatay, it was reported that half a million people had left the region after the earthquake, and as of

June 2023, 159,087 returns were recorded

(28% of those who had left)

Malatya

Malatya, out of the pre-earthquake population of

804,896, an estimated 300,000 had left. As of June, 109,225 returns were recorded

(approximately 42%)

[3]Humanitarian Transition Overview - Turkey Earthquake Response (August 2023)

Some residents of buildings that were either demolished or assessed as heavily damaged have started living in container camps, while many have opted for the rental support provided by the government. Instead of settling in officially designated housing areas, they have chosen alternative accommodations. Residents of buildings assessed as moderately and lightly damaged have expressed hesitation in entering these buildings, stating concerns about living in insecure places due to the lack of alternative housing options being provided.

Temporary health stations established in area of damaged healthcare facilities have been closed after emergency intervention processes. Some of the healthcare facilities affected by the earthquake have been repaired and have resumed services. Additionally, certain healthcare institutions provide services in containers set up in temporary settlements (container camps).

Disruptions persist in providing Sexual and Reproductive Health (SRH) services. Although many primary healthcare institutions offering SRH services have resumed operations, service delivery remains affected due to technical and physical constraints.

In particular, issues related to access to clean and safe water, infrastructure challenges, and problems associated with system accessibility in Hatay have caused service disruptions. Additionally, the physical conditions of the established temporary Family Health Centers (FHCs) contribute to interruptions in services in this area.

Numerous discrepancies have been identified in all visited units concerning antenatal care, postpartum monitoring, immunization, and contraceptive methods.

According to the report published by the United Nations Population Fund (UNFPA) in August, the number of women of reproductive age directly affected by the earthquake in the provinces is approximately 2.4 million. The estimated number of pregnant women is 130,000, and the expected number of births in the following month is 14,400.[4] However, the number of healthcare units capable of providing services such as childbirth, abortion, intrauterine device placement, and tubal ligation is quite limited. These data highlight the critical importance of access to SRH services in the aftermath of the earthquake.

[4] https://turkiye.unfpa.org/en/turkiye-earthquake-situation-report-6

3.1. Access to Sexual and Reproductive Health Services in Earthquake-Affected Provinces

Throughout the duration of the field study, an assessment of sexual and reproductive health services was conducted at 28 distinct sites visited.

In the provinces and districts affected by the earthquake, significant challenges exist in the provision of SRH services. While existing services are primarily focused on antenatal care in certain districts, in other areas, such services are entirely unavailable.

In some of the visited districts, childhood immunization programs could begin only in April, while in others, they could commence as late as June. The adverse impact of the earthquake on local healthcare professionals, the relocation of healthcare service providers, damages incurred by specific healthcare centers, and particularly challenges related to maintaining the cold chain have been significant factors contributing to these delays. All these disruptions entail severe risks to public health.

Although prenatal and postnatal follow-ups have been initiated with the establishment of Family Health Centers (FHCs), the continuity of these follow-ups cannot be ensured in temporary settlements. The rapid demographic changes in these areas make the follow-up processes challenging and lead to the loss of records' accuracy. Reproductive health services in these units are generally limited to prenatal care follow-ups.

- Several Family Health Centers (FHCs) are unable to provide SRH services.
- It has been reported that condoms, oral contraceptives, and injectables are not available in some units and are not distributed in units where they are available due to low demand.
- The United Nations Population Fund (UNFPA) has announced the provision of condoms, pills, and intrauterine devices through health directorates in the earthquake-affected provinces.However, it has been observed that condoms are unavailable in all FHCs. Intrauterine device (IUD) applications are highly limited.
- Women requesting IUD applications are referred to obstetrics and gynecology clinics, but it has been noted that the services in these guided clinics are insufficient.
- Pregnancy termination/abortion is reported to be a method sought only in cases of severe bleeding or severe complications.

In this context, it is essential to note the various initiatives related to SRH undertaken by non-governmental organizations working in the field. As a noteworthy example of best practices, the collaboration between the Association of Public Health Specialists (HASUDER) and Hatay Metropolitan Municipality, supported by IPFF, UNFPA, and Direct Relief, stands out. Under the coordination of faculty members from the Department of Public Health at Hatay Mustafa Kemal University (MKU), the initiative established two fixed health units and mobile health units named the 'Women and Reproductive Health Service Unit.'

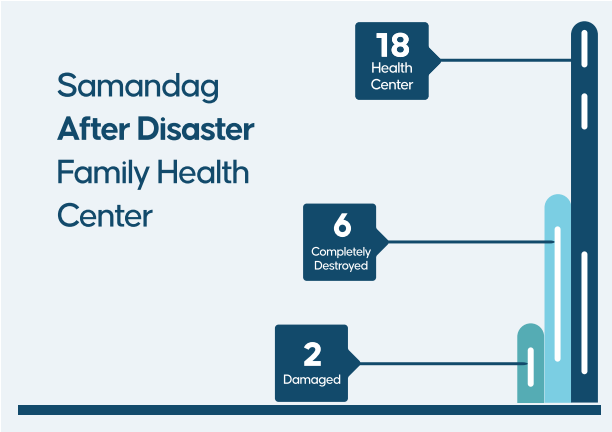
The first unit started its services in March 2023, followed by the second unit in August of the same year.

The services provided include counseling on contraceptive methods, pregnancy tests, and treatment for sexually transmitted infections, all offered free of charge. Contraceptive methods available at this unit include IUDs, condoms, oral contraceptives, three-month injections, and emergency contraception pills. Appointments for IUD applications are scheduled, and transportation is provided to MKU, which has a field hospital for IUD procedures. Additionally, counseling and monitoring services are provided to expectant mothers in their last trimester to identify high-risk pregnancies, and they are referred to appropriate facilities accordingly.

In this context, strengthening and effectively delivering fundamental healthcare services such as sexual health, reproductive health, pregnancy monitoring, cancer screenings, diagnosis and treatment of sexually transmitted infections, and immunization are of paramount importance. Regularly reviewing healthcare policies and strategies, addressing deficiencies, and taking proactive measures to safeguard public health are crucial to preserving the community's well-being.

The field monitoring conducted by the MEDAK field team is being assessed to address the shortcomings in the services provided. In this context, the findings related to SRH services in the provinces and districts will present a detailed overview on a district level. Field visits emphasize the crucial need to strengthen and effectively deliver critical healthcare services such as sexual health, reproductive health, pregnancy monitoring, and immunization.

Strengthening critical health services



In Samandağ, out of the 18 Family Health Centers, six have been completely destroyed, and two have sustained damage. The ruined and damaged Family Health Centers are attempting to resume services in temporary areas (containers). Physicians are working on a rotational basis.

FHCs numbered 2, 3, and 5 in the Samandağ center are operating in a container set up side by side. Containers and tent cities are paired with existing Family Health Centers, ensuring the delivery of services to these locations.

Pregnancy monitoring and childhood vaccinations can be conducted; however, the district continues to face a significant water shortage issue. Healthcare personnel have indicated that they sometimes struggle to find water, making it challenging to maintain hygiene using disinfectants. Due to earthquake damage, individuals registered at the Mağaracık Family Health Center are seeking services from other FHCs. Similarly, residents in the Meydan district are attempting to receive services from the Tekebaşı Family Health Center, which provided services in the schoolyard until July due to the absence of healthcare workers at the Meydan Family Health Center.

The Samandağ State Hospital provides outpatient clinic services in several specialties. However, for childbirth or cesarean section, residents have to travel to the only private hospital in the provincial center or distant state hospitals in other districts. This situation creates accessibility challenges for women and infants regarding healthcare services.

Condoms and oral contraceptives are available in very few Family Health Centers (FHCs) in the district. Despite generating demand for the past five months, some centers still do not have access to condoms. Before the earthquake, iron and vitamins could be obtained from FHCs, but requests made after the earthquake have not been met. Additionally, cancer screenings, which were available at FHCs before the earthquake, are currently reported as unavailable. Referrals are made to hospitals for Intrauterine Devices (IUDs) applications.

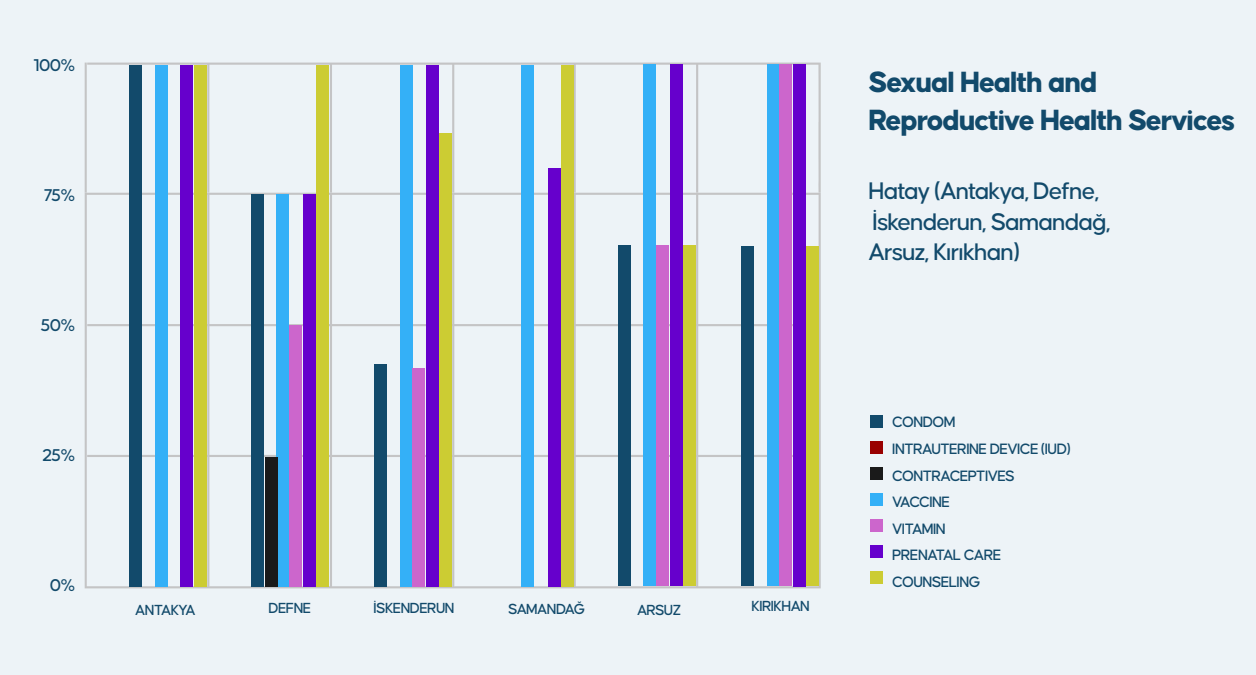
The Youth Approaches in Health Association operating in the district has stated that they distribute condoms provided by their implementation partner, UNFPA. Additionally, they have reported providing Sexual and Reproductive Health (SRH) and Family Planning (FP) counseling through their mobile teams and distributing hygiene kits to women who receive counseling services. The MEDAK field teams have also been distributing condoms and hygiene kits in Samandağ district after conducting SRH and FP information sessions since the early days of the earthquake.

Out of the 19 existing Family Health Centers (FHCs) in the district before the earthquake, 11 of them were damaged or destroyed during the earthquake. After some time following the earthquake, these FHCs started operating in containers in temporary settlements in other areas.It has been stated that counseling and guidance are provided in response to the demand for Sexual and Reproductive Health (SRH) services. However, the declarations of 'no demand' for condoms and other contraceptive methods actually reveal a preconception among healthcare personnel severely affected by the earthquake, where sexual health might be the last concern in major disasters.

Although prenatal care is provided, population mobility and migration to other cities have made these follow-ups challenging. Immunization services have started in some Family Health Centers (FHCs) after addressing infrastructure issues and re-establishing the cold chain infrastructure. However, temporary settlement area FHCs still face infrastructure and cold chain challenges.

To address delays and access issues in immunization, the District Health Directorate has established mobile vaccination teams to compensate for the vaccination backlog. Condoms and oral contraceptives are not widely available in most FHCs.

In the Defne district, Kocaeli Container Hospital and Defne State Hospital started providing services after the earthquake. Additionally, there is one private hospital in the district that offers inpatient treatment. Undoubtedly, the economic losses caused by the earthquake have made it difficult for women to access services from private hospitals. It has been observed that accessing the newly established Defne Hospital is quite challenging, and the construction of the road to the hospital is still ongoing.



Graph 2: Current Status of SRH Services in HATAY (Antakya, Defne, İskenderun, Samandağ, Arsuz, Kırıkhan)

In Antakya District, which is known as one of the most affected districts by the earthquake, out of the 43 existing Family Health Centers (FHCs) before the earthquake, 28 of them have been either destroyed or severely damaged. Temporary FHCs have been established in the temporary settlement areas, where healthcare workers work on a rotating basis.

In Antakya district, similar to Defne district, primary healthcare services are available. The disruptions in vaccination services are being addressed by mobile vaccination teams. However, there are notable deficiencies in SRH services. It has been reported that preventive methods such as condoms, oral contraceptives, and Intrauterine Devices (IUDs), as well as counseling and anonymous voluntary testing services for sexually transmitted infections, are not sufficient.

Similar deficiencies have been observed in Migrant Health Centers. Notably, it has been noted that there is no demand for condoms, and migrants prefer oral contraceptives more. Cultural norms can limit women's autonomy in choosing their own methods of protection and birth control. This situation may restrict women's decision-making power regarding birth control methods and affect their rights to use the birth control method of their choice. Furthermore, it has been reported that oral contraceptives are supplied in limited quantities and are prescribed when unavailable. However, payments are not made when prescribed by non-specialist physicians.

In the district, many public and private hospitals collapsed or sustained damage during the earthquake, causing significant disruptions in healthcare services for the first few months. Currently, the field hospital located in the garden of Mustafa Kemal University provides health services. However, in cases requiring surgery or hospitalization, especially for cesarean section deliveries, patients are referred to distant districts or other cities.

Before the earthquake in İskenderun district, a total of 31 Family Health Centers (FHCs) were operational. Due to the impact of the earthquake, seven FHCs suffered damage. Among these, three centers, which were either damaged or collapsed, are now operating in container facilities within temporary settlement areas. Initially, healthcare workers served on a rotational basis and stayed in container living spaces adjacent to the container health centers. Starting from the first week of September, following the Ministry of Health's instructions, the rotational work system transitioned to a full-time work system. Unfortunately, infrastructure issues, limited internet access, and a shortage of computers with fixed IP addresses negatively affect the monitoring processes.

It was stated that immunization efforts could only commence three months later due to issues with the cold chain. Until the FHCs resumed operation, the District Health Directorate conducted vaccinations at the temporary health station established in the district.

Pregnancy follow-ups can be conducted in the container centers established in place of the damaged FHCs, but the lack of fixed telephones to reach pregnant women adversely affects the follow-up process. The supply of condoms is extremely limited in these centers. Many FHC employees have stated that condom access was limited even before the earthquake.

The Migrant Health Center could not operate during the first two months after the earthquake because its building was used by the 112 Emergency Service. It became operational after May. Due to the severe destruction in Antakya district, refugee mobility in the districts increased, and the population served also showed a significant rise.

Condoms and oral contraceptives cannot be obtained from this center. Intrauterine devices (IUDs) are also not available. Similar supply issues have been observed regarding vitamins. There are public and private hospitals in the district of Iskenderun. Initially, many patients were referred to Dortyol State Hospital, but currently, Iskenderun State Hospital is providing services.

Before the earthquake, there were seven Family Health Centers (FHCs) in the Arsuz district. After the earthquake, six of these centers continued their services, while one was damaged. In the initial days following the earthquake, FHCs operated as emergency hospitals. During the first week, the healthcare staff affected by the earthquake continued to provide services on a rotational basis. Arsuz State Hospital started its services after the earthquake.

In some Family Health Centers (FHCs), there were brief interruptions in immunization services, but these were swiftly addressed, and immunization programs as well as prenatal follow-ups were organized. In other centers, it is evident that there were challenges in vaccine supply due to system errors, power outages, and cold chain issues following the earthquake..To overcome these challenges, a daily vaccine supply method was implemented. Moreover, the district experienced a significant increase in population due to migrations, especially with more people residing in summer houses. This situation has increased the workload of FHCs.

Regarding Sexual and Reproductive Health (SRH) services, challenges observed in many districts were also noted here. Services such as counseling, information, and material distribution were provided only based on "demand" until mid-July. It was observed that condoms and oral contraceptives could not be obtained in the centers until mid-July but were supplied afterward. In the initial months after the earthquake, there were no material requests, but the demand increased over time. Most healthcare workers were negatively affected by the earthquake, influencing their approaches to SRH services. It was observed that SRH services were not a priority during the acute phase.

In Kırıkhan, out of the 13 Family Health Centers (FHCs) providing services before the earthquake, four were destroyed, one was relocated to a temporary settlement area, and containers were set up in the neighborhoods where the buildings were destroyed to continue services. The undamaged FHCs started providing services two weeks after the earthquake. However, providing services to the registered patients from the destroyed ASMs added a significant workload. The frequent power outages in the region caused occasional disruptions in services.

In terms of SRH services, it has been observed that the necessary supplies were not available, and the procurement of condoms and oral contraceptives could not be done after the earthquake. In the FHCs that were destroyed and later provided services in containers, infrastructure-related issues were experienced. Pregnancy follow-ups and vaccination appointments are continued by contacting the patients in case of possible delays. Kırıkhan State Hospital continues to provide services.

The Migration Health Center in Kırıkhan has resumed its services for refugees. Due to the impact of the earthquake, services had to be temporarily suspended, but they resumed at the end of April. After the earthquake, the center operated with three doctors, two nurses, and one midwife on a rotational basis. However, starting from September, the Ministry of Health requested full staffing, and the center has been providing services with a full team since then.

The center provides essential services such as vaccination and supplies like condoms. Additionally, vitamin supplements are provided. Pregnancy monitoring is conducted by a midwife; however, there has been a decrease in the number of pregnant women after the earthquake. The center offers services to both registered and unregistered migrant individuals, and medical examinations have commenced after the earthquake. However, it has been noted that there has been a decrease in the number of patients after the earthquake.

Counseling services are provided upon request. However, some contraceptive methods such as IUDs and pills are not available at the center. Therefore, it is crucial to expand and make reproductive health services more accessible.

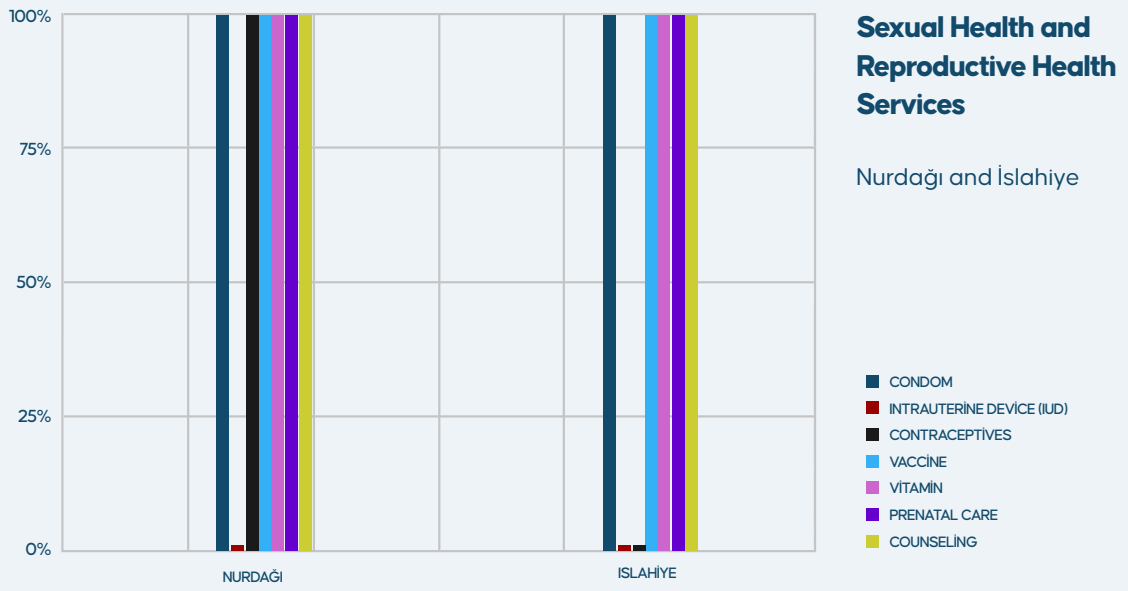
NURDAĞI

After the earthquake, extensive demolition efforts are ongoing in the severely damaged district. In order to provide livable conditions in the town center, two FHCs have been constructed in the form of containers. Apart from these two FHCs, Sakçagözü FHC continues to provide services. The majority of the district's population resides in temporary settlement areas made up of containers. In these camps, rapid and effective health services are provided by mobile health teams.

FHCs offer SRH services, both in the centers and in the field through mobile health teams. The field hospital continues to operate in the district. However, there have been deficiencies in the cooling systems of the field hospital tents, causing issues during periods of extreme heat. This situation has been challenging for both healthcare staff and patients.

The district's state hospital has been deemed unsafe due to the damage, and a decision to demolish it has been made. Secondary healthcare services are provided in the field hospital and at İslahiye State Hospital.

In cases requiring childbirth or other surgical procedures, patients from the district are referred to İslahiye State Hospital or the maternity hospital in Gaziantep. Healthcare staff rotate in from nearby cities and districts to provide services.



Graph 3: Current Status of SRH Services in Nurdağı and Islahiye Districts

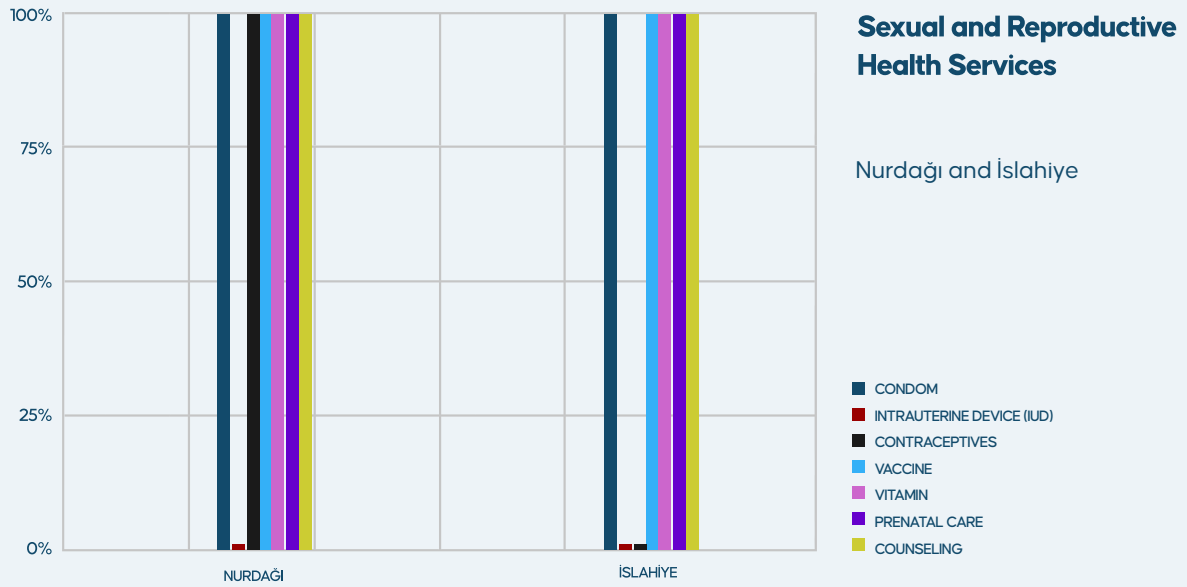
İSLAHİYE

Despite significant destruction and damage in the district, observations from field visits highlight a noticeable rapid recovery compared to other cities and districts. Tent camps have been replaced by temporary settlement areas consisting of containers.

The district's public hospital continues to provide active services. Primary healthcare services in villages are provided by mobile teams in addition to Family Health Centers (FHCs).

Damaged FHCs have started to operate in containers. Here, some SRH supplies, including condoms, can be obtained. There is still a supply issue regarding IUDs and oral contraceptives.

Short-term disruptions in vaccinations have been resolved. Pregnancy monitoring and immunization services are being carried out in the district.



Current situation of SRH services in Nurdağı, İslahiye

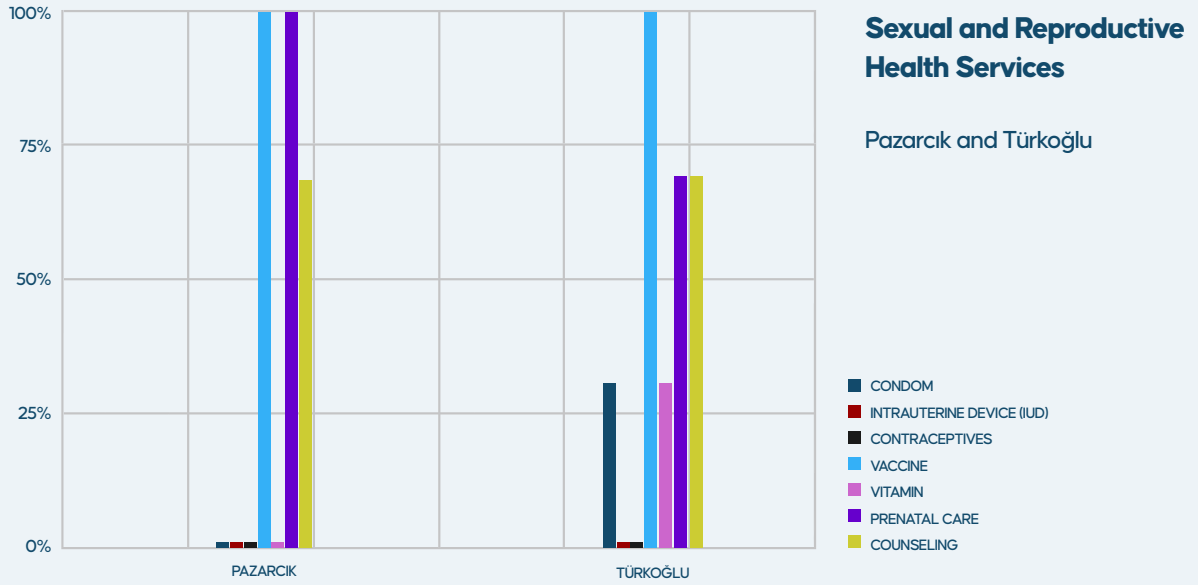
Following the earthquake, it is observed that urgent measures and rapid improvement efforts have been prominent in the state of healthcare services in the district. The Family Health Centers (FHCs) throughout the district and mobile health teams have swiftly resumed their operations after the earthquake. Services have started being provided in containers due to the damages in the district center, and mobile health services have been actively utilized.

The number of healthcare personnel and the variety of services in the FHCs have determined the district's capacity for healthcare services. Especially in the post-earthquake period, essential healthcare services such as antenatal care, vaccination, and general check-ups have been conducted intensively. However, there are identified deficiencies in SRH services. It has been observed that information on prevention methods and sexual health is provided upon request but is not actively delivered.

The internet infrastructure also occasionally affects the healthcare services in the district negatively. Slow performance of computers and intermittent internet disruptions have a detrimental impact on the workflow of healthcare personnel. These issues can lead to delays in service delivery and reduced efficiency.

Despite the disruptions in healthcare services, the support of mobile teams has played a crucial role in the continuation of vaccination and healthcare services. This assistance has been vital in restructuring the district's healthcare infrastructure.

After the earthquake, efforts were made to address the disruptions in healthcare services quickly. Basic healthcare services were provided through emergency measures and contributions from mobile teams. However, there is a need for improvements in prevention methods and sexual health issues.



Graph 4: Current Status of SRH Services in Pazarcık, Türkoğlu

When evaluating the current state of primary healthcare services in the Türkoğlu district, it is observed that there was a brief disruption due to the impact of the earthquake. There were no issues reported regarding vaccine supply, and vaccinations have been administered regularly.

However, it was noted that after the earthquake, patients tended not to come to the center temporarily, leading to a decrease in the number of patients. It was stated that family planning, sexual health, and reproductive health services were not provided, and patients were referred to the provincial center for pregnancy follow-ups.

Particularly, the departure of a female healthcare worker providing services in this area has negatively affected this service.

Health services for refugees are provided through the Türkoğlu Healthy Life Center. Instead of continuous monitoring and follow-ups, services are provided only to patients who apply. The lack of fixed phones creates limitations in communicating with patients. Essential health services and childhood vaccinations are provided to refugees.

However, it is noted that due to the influence of cultural norms, refugees have limited information sharing, especially on topics related to sexual health and reproductive health. Healthcare workers have emphasized that refugees show reluctance towards contraceptive methods due to cultural reasons and usually prefer oral contraceptives. An increase in the number of pregnancies among refugee women has been observed after the earthquake. However, limitations in communication tools and privacy issues cause some difficulties in delivering healthcare services.

3.2. Gender-Based Violence (GBV) and Protection Needs in Earthquake-Affected Provinces

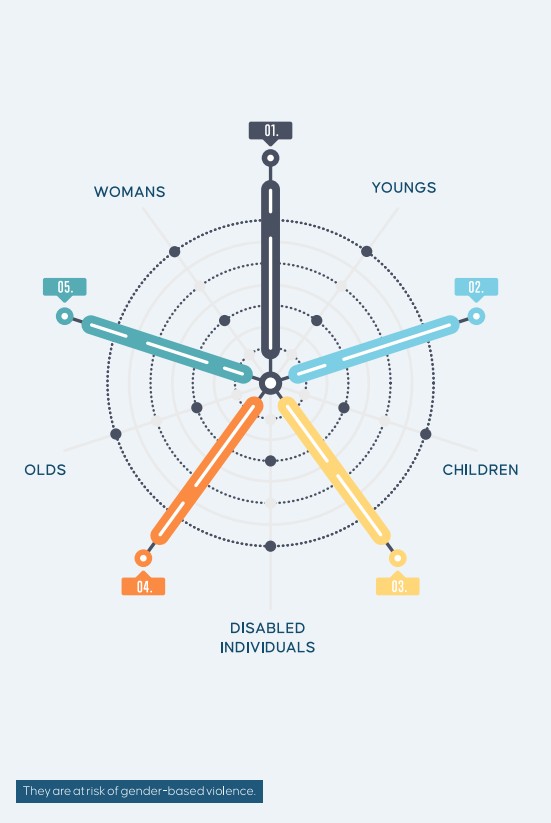
"Despite the time that has passed since the February 6 earthquakes, an ongoing trend of increasing incidents of gender-based violence has been observed. This escalation underscores the critical importance of collaboration between local and non-govermental organizations.

In the 7th report prepared by UNFPA, it is stated that incidents of domestic violence have increased after the earthquake. This rise may be triggered by factors such as elevated stress levels due to losses, overcrowded living conditions, unemployment, and economic hardships, encompassing physical, sexual, and psychological violence.[5] Due to cultural norms, women tend to avoid reporting domestic violence, as observed by the field team. These and several other factors indicate the need for more efforts to address the underlying issues of domestic violence, emphasizing the necessity of strengthened collaboration with social services and social scientists.

In the container camps transformed into temporary settlement areas, women, youth, children, older people, disabled individuals, and other vulnerable groups are at risk of gender-based violence. Factors such as crowded living conditions, insecurity, and lack of hygiene, especially factors like unsafe and unhygienic toilets for women, increase the risk of gender-based violence in these camps.

The widespread use of hitchhiking due to the inadequacy of transportation vehicles in Hatay, especially, has increased the risk of gender-based violence. Women and other vulnerable groups become vulnerable to potential dangers while hitchhiking.

Furthermore, the risk of forced child marriage has increased. Children living in temporary settlement areas are more exposed to such risks due to a lack of education and protection.
The inadequacy of mobile services further complicates the accessibility to children living in temporary settlement areas and more rural areas.



[5] UNFPA 4 August Earthquake Situation Report no: 7

3.3. Field Study Observation Notes

The coordination problem persists, although not as severe as in the initial days.

Particularly in informal settlement areas and among disaster-affected individuals residing in rural areas, access challenges persist concerning both their humanitarian needs and the need for protection and psychosocial support.

Menstrual poverty, heavy menstrual cycles, irregularities in menstrual cycles, and issues like fungal infections have been reported among women affected by the earthquake.

These problems persist even after a period of more than six months.

Building demolitions and debris removal efforts are not conducted according to standards in most places, leading to intense dust clouds near residential areas.

Additionally, the practice of separating metals on-site, known as on-site sorting, is prohibited; however, unfortunately, it continues in many places.

The communities in the earthquake-affected areas continue to have ongoing needs for hygiene materials suitable for age and gender.

Some of the issues identified in the report published by the MEDAK Field Team in April have persisted in the subsequent months. Particularly, materials such as sanitary pads, cleaning supplies, soap, and shampoo, which require continuous provision, continue to be essential needs.

It has been observed that substance use among young people has increased, posing a risk in terms of Gender-Based Violence and mental health issues.

The problems related to toilets, water, and electricity in temporary container settlements have been partially resolved.

However, individuals who could not move to container camps and are still living in tents or near their homes in containers continue to face infrastructure and hygiene issues.

4. Activities

Medical Rescue Association (MEDAK) and HERA Foundation conducted multi-purpose field activities focusing on the most affected districts in the earthquake-affected provinces at the Adana container operations center established immediately after the earthquake.

On one hand, they conducted monitoring regarding the current status of sexual and reproductive health in these districts. On the other hand, within the framework of the field plan, they conducted informative sessions on sexual and reproductive health and gender-based violence for women.

MEDİKAL ARAMA KURTARMA DERNEĞİ
MEDAK
MEDICAL RESCUE

HERA
DIGITAL HEALTH

Graph 5: Mapping of locations where SRH - GBV Information Sessions and hygiene kit distributions were conducted by the MEDAK

In Hatay, one of the most affected and heavily damaged provinces by the earthquake, educational sessions were conducted with 31 different women's groups at 31 other locations. A total of 1,315 women were provided with information sessions on SRH and GBV, and the HERA Digital Health Mobile Application was introduced.

A total of 46,341 hygiene items were distributed to women affected by the earthquake in the Hatay region. Hygiene material kits, prepared from a household perspective, were distributed to one woman from each household. A total of 65,253 people benefited from the hygiene material kits tailored to meet the needs of the households.

HERA Information Session

Photo: Samandağ - August 2023 SRH, GBV, HERA Information Session

In addition to the field activities conducted by

MEDAK and HERA

field teams, coordination teams have also held meetings and discussions for various collaborations simultaneously.

5. Recommendations for Urgent Measures to Be Taken

Expanding Sexual and Reproductive Health Services:

Services related to sexual health, reproductive health counseling, and contraceptive methods should be expanded and made widely accessible. Condoms, oral contraceptives, and injectable contraceptives should be made available for free and without interruption in all healthcare centers.

Preparation, monitoring, and resolution plans should be swiftly developed to address the access issues in healthcare services. Ensuring uninterrupted vaccinations and pregnancy/postpartum monitoring for the entire population is crucial.

Intrauterine device (IUD) applications and other reproductive health services should be offered in more healthcare centers, and easy access to these services should be ensured.

The termination of pregnancy producedures should be facilitated for women to access within the existing legal framework rather than being consiredered as a method rested to only in cases of severe complications.

Combatting Gender-Based Violence:

The environmental lighting in temporary settlements should be increased, and mobile services should be provided more effectively. This can enhance the safety of women and vulnerable groups.

In the fight against gender-based violence, collaboration between local and central authorities, non-governmental organizations, and international aid organizations should be strengthened. This collaboration aims to prevent such violence and provide support to the victims effectively.

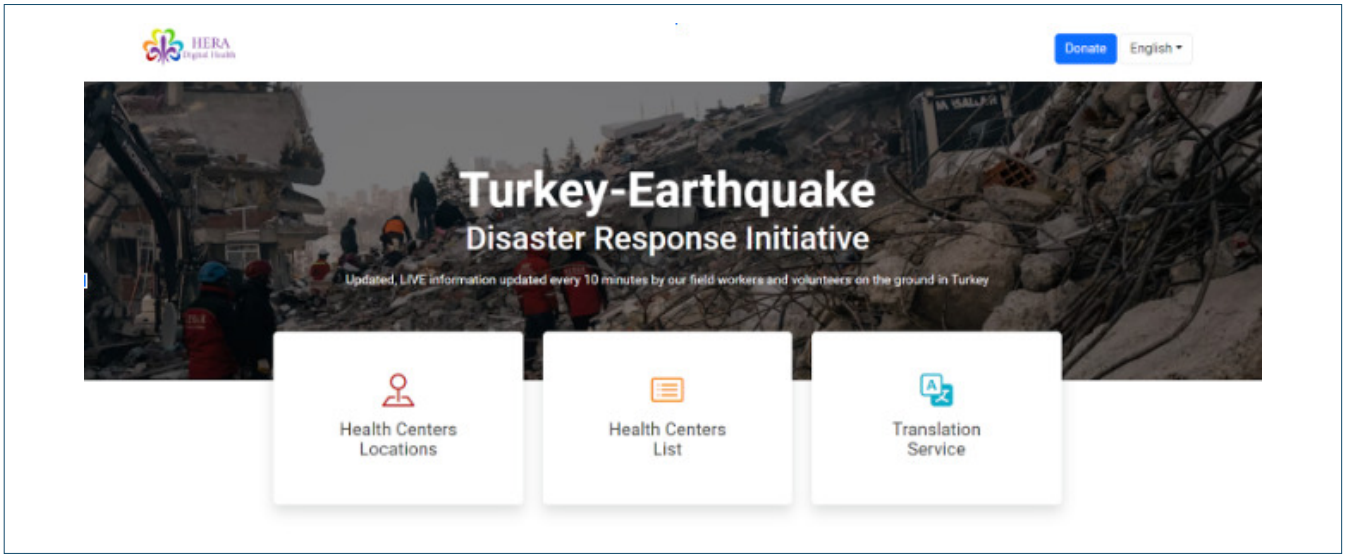
Information and awareness programs should be organized to reduce gender-based violence risks, and support should be provided for women, youth, and children to advocate for their health rights.

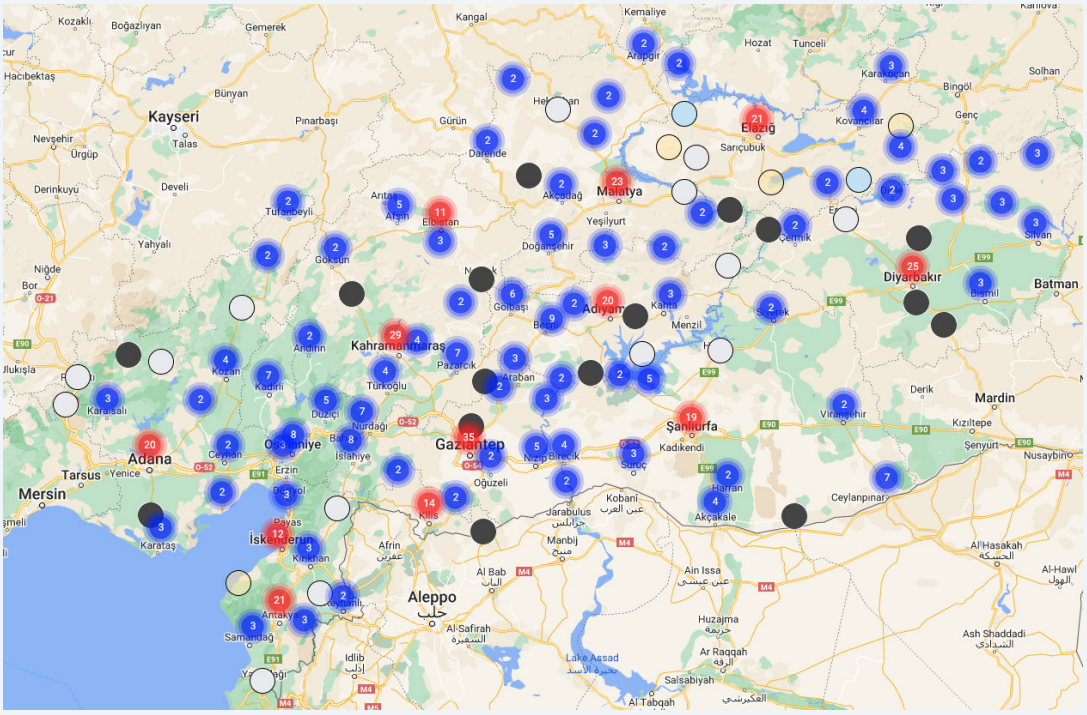
Psychosocial support mechanisms for women, youth, children, and other vulnerable groups should be strengthened, and their access should be increased. Additionally, healthcare professionals working in this field should have their capabilities and capacities enhanced for specialized service provision during disaster periods.

Adequate and uninterrupted transportation services should be provided, and the risks of GBV arising from women and vulnerable groups resorting to hitchhiking should be eliminated.

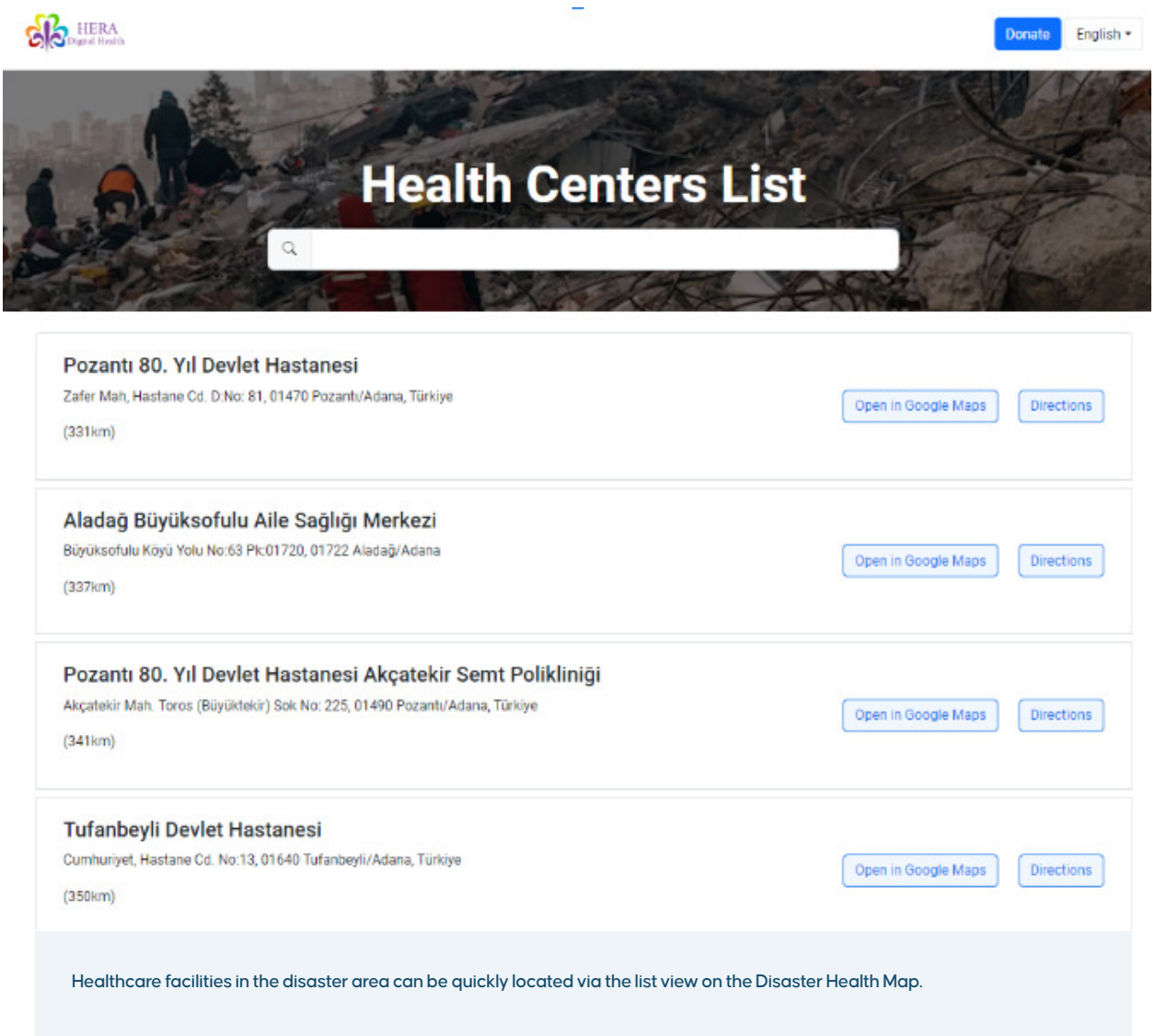
6. Disaster Technologies Developed by HERA for Global Health and Coordination

6.1. Use of Disaster Health Maps





The current status of healthcare facilities in the disaster area can be viewed in real time on the Disaster Health Map.



Healthcare facilities in the disaster area can be quickly located via the list view on the Disaster Health Map.

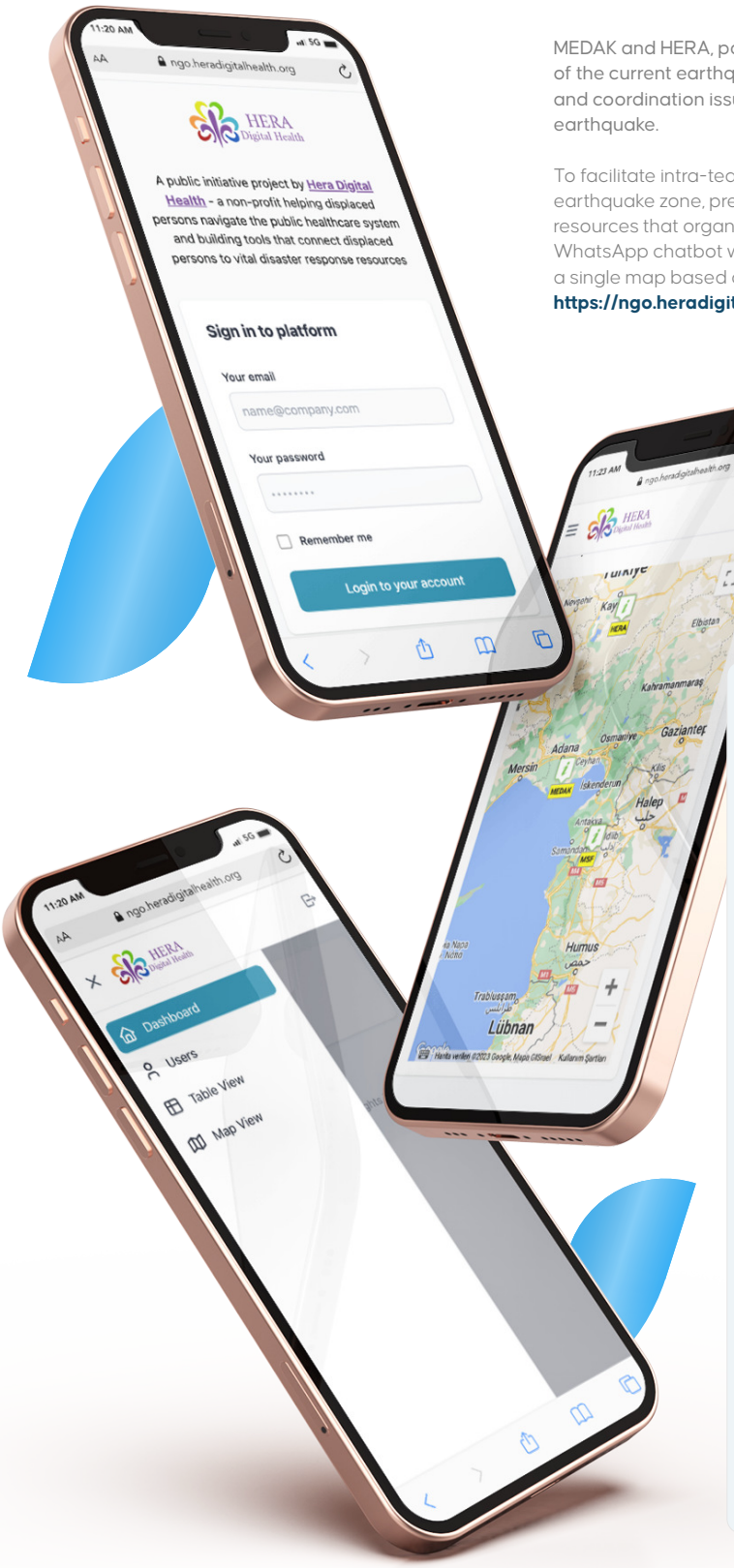
The Disaster Health Map also provides services in users' native languages through its translation feature, both in audio and written formats, for individuals in the disaster area. You can access the Disaster Health Map at **https://afetsaglikharitasi.org** or by scanning the QR code below.

6.2.The Map Supported by WhatsApp Chatbot for NGO Internal Coordination - ngo.heradigitalhealth.org

MEDAK&HERA

MEDAK and HERA, past disaster experiences and considering the magnitude of the current earthquake, anticipated the high likelihood of communication and coordination issues between organizations from the first day of the earthquake.

To facilitate intra-team coordination of organizations operating in the earthquake zone, prevent redundant assistance, and enable efficient use of resources that organizations can add to the afetsaglikharitasi.org map, a WhatsApp chatbot was developed to quickly add locations and view them on a single map based on coordinates and real-time data: **https://ngo.heradigitalhealth.org/.**



Field teams can add their real-time situations to the map via the WhatsApp chatbot, which has a manageable admin panel.

This solution is exclusive to NGOs and allows for quick bulk operations and reporting. Resources can be swiftly added through the WhatsApp Chatbot feature.

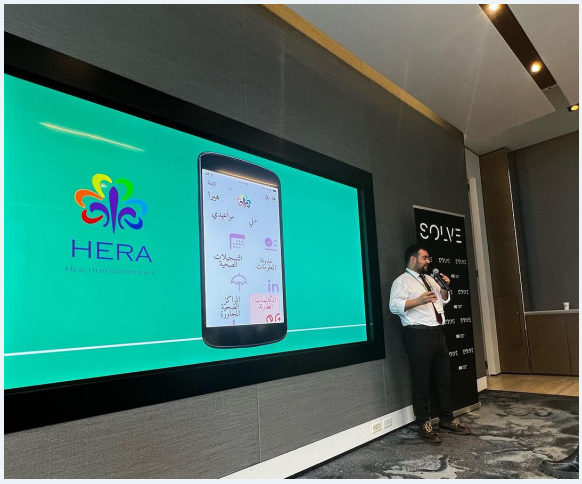
Access the map via https://ngo.heradigitalhealth.org or scan the QR code below.

6.3. HERA Digital Health Mobile Application

HERA Digital Health Mobile Application has been made available to the population affected by the disaster, and the updates made on the Disaster Health Map have been integrated into the HERA application in real time. The HERA Digital Health Mobile Application has been updated according to the needs of the field, and informational content on Sexual Health and Reproductive Health, as well as Gender-Based Violence, has been added. Before using the HERA Digital Health Mobile Application, women are provided with information about recommended care during and after pregnancy, risky situations, the importance of vaccines for children, and potential issues that may arise if vaccines are not administered according to the schedule.

Information sessions on Sexual and Reproductive Health have been organized to inform women about accessing the necessary information through HERA. Numerous sessions have been conducted in Antakya, Defne, Kırıkhan, and Samandağ in Hatay between April and August. Additionally, staff at visited family and migrant health centers have been introduced to the application, and training has been provided on how to use it. For more detailed information about the application, please visit the website heradigitalhealth.org.

To download the HERA Digital Health Mobile Application, scan the QR code below:
https://qr.page/g/3ou0cnhWkcr



HERA Team Won the 2023 MIT SOLVER!

HERA Digital Health has been officially selected as the 2023 Solver team by MIT Solve.
MIT Solve announced teams developing 31 technology-based innovations tackling global challenges and provided over $1.5 million in prize funds.

On September 18, 2023, in New York City, our solution 'HERA Digital Health: Connecting Refugees to Healthcare' was officially selected as the '2023 Solver' team by MIT Solve. The selected innovators gathered during the UN General Assembly Week in New York City. The 2023 Solver class consists of 31 solutions addressing the 2023 Global Challenges. Each solution enters a nine-month support program to scale its efforts and impacts.

HERA was selected by expert juries from MIT Solve among over 1,500 applications from more than 120 countries and over 100 unique indigenous communities. Of the Solver teams, 68% are led by women, representing 14 countries and seven American and Canadian indigenous nations, and 55% are non-profit organizations.

To learn more about the winning teams and their solutions for the 2023 Global Challenges;

Economic Prosperity
Learning for Civic Action
Climate: Ecosystems + Housing
Health in Fragile Contexts
Indigenous Communities Fellows

HERA Solve Challenge: HERA Digital Health: Connecting refugees to healthcare

"We are excited to be a part of MIT Solve,
being among the amazing organizations solving big challenges is an honor.

Access to these networks is crucial for our mission."

" -Dr. Aral Sürmeli, CEO

MEDICAL RESCUE ASSOCIATION
AND HERA DIGITAL HEALTH FOUNDATION

www.medak.org.tr

Harbiye Mahallesi, Veznedar Sokak, No:18
Çankaya, ANKARA

Our website for detailed information Scan Qr Code.

info@medak.org.tr medakorgtr

www.heradigitalhealth.org

Hera Inc.45 Prospect StCambridge,
MA 02139United States

Our website for detailed information Scan Qr Code.

info@heradigitalhealth.org HeraDigitalHealth